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SERIAL NUMBER 10/798,161	FILING DATE 03/10/2004 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 88066-8099
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/343,570 05/19/2003
 which is a 371 of PCT/EP01/09007 08/03/2001
 This application 10/798,161
 claims benefit of 60/510,613 10/10/2003
 and claims benefit of 60/453,604 03/11/2003
 KG

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) PCT/EP00/07533 08/03/2000
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/27/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	SWITZERLAND	11	26	3
Examiner's Signature <i>K. S. [Signature]</i> Initials				

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TITLE
 Formulations for transdermal or transmucosal application

<p>FILING FEE</p> <p>RECEIVED</p> <p>1008</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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